

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 664	
1. PLACE OF DEATH				COUNTY <u>Yuma</u> STATE <u>ARIZONA</u>		REGISTERED NO. <u>243</u>	
TOWNSHIP <u>Yuma</u> OR VILLAGE _____				CITY _____ NO. _____		WARD _____	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.		2. FULL NAME <u>Alfred Kaxex Julius Baker Jr.</u>	
(A) RESIDENCE: NO. <u>Yuma Arizona</u> ST. _____ WARD _____				(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>male</u>		4. COLOR OR RACE <u>Mexican</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>single</u>		21. DATE OF DEATH <u>December 18 1936</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 13 1936</u>		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Dec. 10</u> , 19 <u>36</u> , TO <u>Dec. 18</u> , 19 <u>36</u>	
7. AGE YEARS _____ MONTHS <u>2</u> DAYS <u>5</u>		IF LESS THAN 1 DAY, _____ HRS. _____ MIN.		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Child</u>		I LAST SAW HIM ALIVE ON <u>Dec. 18, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4:45 p</u> M.	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Bilateral bronchial pneumonia</u> DATE OF ONSET <u>12-10-36</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>Yuma</u> (STATE OR COUNTY) <u>Arizona</u>				13. NAME <u>Alfred Baker</u>			
14. BIRTHPLACE (CITY OR TOWN) <u>Yuma</u> (STATE OR COUNTY) <u>Arizona</u>				15. MAIDEN NAME <u>Elvira Yanez</u>			
16. BIRTHPLACE (CITY OR TOWN) <u>Wilcox</u> (STATE OR COUNTY) <u>Arizona</u>				17. INFORMANT <u>Alfred Baker</u> (ADDRESS) <u>Box 210 Route 1 Yuma Ariz</u>			
18. BURIAL, CREMATION, OR REMOVAL X <u>X</u> PLACE <u>Yuma Cemetery</u> DATE <u>12/19/36</u>				19. EMBALMER (LICENSE NO. <u>194</u>) SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>The Johnson Mortuary</u> ADDRESS <u>Yuma Arizona</u>			
20. FILED <u>Dec. 19, 1936</u> <u>Mary O. Thompson</u> REGISTRAR				NAME OF OPERATION _____ DATE OF _____ WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____			
				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____ WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____			
				MANNER OF INJURY _____ NATURE OF INJURY _____			
				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u> IF SO, SPECIFY (SIGNED) <u>Chester R. Wilson</u> M. D. (ADDRESS) <u>Yuma, Arizona</u>			